

**THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD
AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD TRANSACTION**

COMPANY: THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD
 MAIL TO: CONTRIBUTOR SERVICES
 1445 N. BOONVILLE AVE
 SPRINGFIELD, MO 65802
 OR FAX TO: (417) 866-6415

44-0577787
 ID NUMBER

This will authorize **THE GENERAL COUNCIL OF THE ASSEMBLIES OF GOD**, hereinafter called **A/G**, to initiate credit entries and adjustments for any credit entries in error, if necessary, to the credit card indicated below for a monthly contribution to the designation(s) listed below. This authorization is to remain in force until A/G has received written notice of its termination in such time and in such manner as to afford A/G a reasonable opportunity to act on it. Termination will automatically require that contributions be made by mail designated for your specific monthly faith promise. This authorization does not change the terms of your contributions or faith promises.

This will authorize the credit card company indicated below to credit and/or debit the same to the credit card account.

A/G reserves the right to revoke this authorization in the event of dispute of the charge without prior notification; account closed without prior notification, and/or two or more declined transactions in one year. Reinstatement in this program will be considered after a period of six months.

Apply a total of \$_____.____ monthly towards my contributions to the designations listed below:

<u>MONTHLY CREDIT CARD CONTRIBUTION DESIGNATIONS</u>					
<u>Missionary/Ministry Name</u>	<u>Ledger</u>	<u>Sub-Ledger</u>	<u>Class</u>	<u>Amount</u>	<u>Remarks (13 characters)</u>

(If you need more space for monthly donations, please attach an additional page with designations)

_____			Card Type:
(please print) Cardholder's Name			Visa _____ MasterCard _____ Discover _____

Cardholder's Address			
_____	_____	_____	-----
City	State	Zip	Card Number
_____	_____		_____
Date	Authorized Signature		Expiration Date
_____	_____		
Area Code (_____)	Card Holder/Donor Telephone Number		Select Term:
_____			_____ or _____
_____			Ongoing Charge or Last Month & Year to be Charged

(OPTIONAL)

If paid by individual, please indicate the official Assemblies of God Church to receive "A/G Total Giving Credit" for your donation:

CHURCH NAME _____ A/G ACCT. # _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____

FOR OFFICE USE ONLY			
DONOR N/A _____	CHURCH OFFERING () _____	PERSONAL OFFERING () _____	
Date Implemented _____	Account _____	Restart _____	Stopped _____